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ABSTRACT

Drug education has had a continually evolving thrust and curriculum. This speech takes a critical look at the traditional modes of drug education programs and the approaches used to effect the intended cognitive and affective changes in students. The author divides the present teaching modes into two broad categories: converting and supporting. The converting mode includes directing, preaching, convincing, and scaring. The supporting mode includes: (1) the "progressive" style (where the school provides facts, and the student makes his own decisions); (2) counseling; and (3) peer counseling. All of these modes generally employ a factual approach. The author contends that none of these modes has been very successful. He feels that drug educators must shift the focus away from drugs and facts about drugs and concentrate on affecting attitudes, values, and behaviors. He concludes with some suggestions for drug educators. (Author/HMV)

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A CRITIQUE OF TRADITIONAL DRUG EDUCATION PROGRAMS

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The legislative divisions of our multi-leveled government have been successful in producing myriad laws aimed at preventing drug abuse--without success.

Those in law enforcement have succeeded in intercepting record quantities of illegal drugs and also of greatly increasing the number of arrests for violations of drug laws--but illegal drug use has grown at a faster pace.

The judicial branches of government have been successful in penalizing countless thousands of drug-law breakers--but transgressors are everywhere.

Treatment and rehabilitation have reclaimed some--but failed with most.

Churches and parents, famous personalities and ex-adicts, continue to speak out against drug abusers--but as St. Paul's "poor", theyare still with us.

Like so many national problems of the past (most of which are still not resolved) society has asked the schools to prevent drug abuse--at least among today's youth--by providing "drug education."

Drug education is not an outcome of the turbulent '60s--it seems that we have always had it in the curriculum. Remember the country's Puritan beginnings? Prohibition? The '30s?

Drug education is Benjamin Franklin's "ounce of prevention" and "stitch in time" and it has been said that a dollar invested in drug prevention is worth $20 on enforcement and $400 on rehabilitation.

How have we been spending that dollar? (Or to give one conservative estimate for one year of drug education: $100 million.) Let's look at how drug education has been taught.

I see drug education as an attempt to modify beliefs, attitudes, and values about drugs and their use, and ultimately to effect drug-free behavior. Toward these ends, I see two broad teaching modes being used: converting and supporting.

The Converting Mode of teaching drug education attempts to bring the students' beliefs, attitudes, values and behaviors with respect to drugs in congruence with those sanctioned by the school. The ideal is held by the school which attempts to transfer it to the students.

The Supporting Mode of teaching drug education attempts to allow the student to develop appropriate beliefs, attitudes, values and behaviors with respect to drugs. The school assumes, that the student is free and responsible and that its primary role is to assist the student in his decision-making.

By my count there are four main styles of the Converting Mode of drug education, and three of the Supporting Mode.

THE CONVERTING MODE

The teaching styles that fall within the Converting Mode may be called: Directing, Preaching, Convincing, and Scaring.

1) Directing, is the style of teaching where the teacher tells the students what they must believe, value and do. ("The truth is ...", "The most important thing is...", "You must never...") Reason and logic are lacking in this approach. The reason that one

is given for not using drugs, for example, is because an authority--a teacher or parent--says so. This approach is most often used with younger children and it can produce active resistance and rebellion. Such an approach tends to terminate further communication with the students.

2) Preaching is similar to directing, but it adds an appeal to the students' duty to a vague external authority. (You are required to...", "You ought to...", "It is your responsibility to ...") This approach attempts to have the student feel guilt or an obligation, and therefore constrain his behavior. The student response to the pressure is frequently: "Who says so?" or "Why should I?"--whether or not it is verbalized.

3) Convincing is the application of logic to achieve the same goal as the teaching methods above. Lecturing is an oft used technique ("Did you know that...", "That's not true because...", "Yes, but the latest research on marijuana says...") This technique likely produces inattention or defensiveness: and the later frequently leads to argumentation with neither side listening to the other. A typical student response is frustration, since be may lack the rhetorical skills of the teacher in addition to lacking status and power. He does, however, have some knowledge and a set of beliefs and values.

4) Scaring is a style of drug education that springs from the attitude that to use drugs is bad and therefore any way that someone can be prevented from using drugs is acceptable. It uses "drug education" as a euphemism for propaganda. With its underlying principle that the end justifies the means, this teaching style is inseparat from sensationalism and fabrication. ("It's been proven that...",

"The penalty for...", "I know someone who tried it, and he...", "Do you want to end up like that?")

Scare tactics typically emphasize the horrors of addiction and cluster all drugs together as leading to the same ultimate doom. The desired deterrent is the fear of the psychological, physiological, social, legal or moral ramifications (insanity, chromosome damage, ostrasism, jail, or hell, for example.) Too often programs of this type distort what is scientifically known and capitalize on the many uncertainties. Virtually all experts now agree on the ineffectiveness-if not the counter- effectiveness of such tactics.

A popular teaching device used in the Converting Mode is cinema. Recall that the National Coordinating Council on Drug Education (1972) found 84% of the reviewed drug education films to have factual or conceptual errors.

THE SUPPORTING MODE

Three styles of drug education fall within the Supporting Mode: Progressive, Counseling, and Peer Counseling.

1) The Progressive style, in its theorectical form, has the school provide facts, teach decision-making skills, and allow the student to make his own decisions, and many would say that that is what school is all about.

Unfortunately, it frequently degenerates into "convincing" them, since we want to be sure that they reach the "right" decision. . .and many don't.

Truth is readily shared--but frequently only that portion of truth that leads to the appropriate conclusion that experimentation is wrong.

This approach aims at honesty and openness, but more often than not it falls short of the mark.

4) Well, we tried to let them decide for themselves and they didn't all make "good" decisions. Certainly something is wrong, so we might try Counseling. This teaching style is an attempt to form a remedial cybernetic system where the teacher talks with the student to determine the location of the breakdown (knowledge or logic) and to correct it. This approach, too, can easily degenerate into the dysfunctions of previously stated styles, or it can be transmuted into another form: Peer Counseling.

5) The last teaching style is manifested in Peer Counseling programs where some students are taught communication skills and they then perform a counseling role among their peers. This approach attempts to remove the authority figure from the counseling situation, and replace him or her with an understanding person who is in the same milieu as the ones to be counseled. It has other benefits in that it gives status and responsibility to the peer counselor and permits a broader impact since more trained "counselors" are available.

This teaching style delegates much of the responsibility to the peer counselors, and if they are not properly trained, it offers the possibility of producing considerable damage.

Again, there are temptations to the drug educator to slip into one of the styles of the Converting Mode.

CONVERTING VS. SUPPORTING

Two modes of teaching drug education have been categorized. The first, which I called the Supporting Mode, contains four teaching

styles: Directing, Preaching, Convincing, and Scaring, and in a sense is product-oriented and essentialist--attempting to transmit traditional values.

The second is the Supporting Mode which includes the styles labeled: Progressive, Counseling, and Peer Counseling. These tend to be process-oriented and existentialist--allowing the student to be free and responsible for his own behavior.

I think that the teaching styles in the Converting Mode are flawed, while those in the Supporting Mode form a progression of promising approaches to drug education, progressively diminishing a traditional and incorrect emphasis of the Supporting Mode: facts.

THE FACTUAL APPROACH

The usual emphasis of drug education programs is an overwhelming concern for transmission of fact. Growth in the cognitive domain (information) is important, but there is also the affective domain (attitude) of feelings and emotions (scare tactics invade this domain, but in a negative and counter-productive manner). And, there is the area in which drug education is ultimately evaluated: behavior (use).

If our goal in drug education is to change behavior, the critical fallacy involved with the factual approach is that information modified behavior. Consider the national campaigns <u>against</u> smoking and <u>for</u> the use of automobile seat belts. We can not equate education with information. Listen to the results of some recent studies of fact-oriente drug education programs.

Hoffman (1971) administered a scale to a large and varied population of students to assess affective, cognitive and behavioral factors regarding drugs before and after a factual drug program. The results indicated that the more knowledge people possessed about drugs, the more their attitudes were in favor of drug use.

Swisher's review (1971) of drug education programs indicates a large variation in program outcomes. Short-term programs had little impact on attitudes regarding drug abuse. Use of group counseling with information-giving also made no difference. In certain instances, giving of information was related to increased drug abuse, increased interest in acquiring additional knowledge about drugs, and liberalizat of attitudes, but in general there was little evidence of beneficial effects.

Swisher, Crawford, Goldstein and Yura (1971) found that in three different populations of high school and college students, the more knowledge the students had about drugs the more likely they were to hold attitudes favoring the use of drugs. They claimed that "factual programs desensitize youngsters' fears of drugs which in turn could lead to greater experimentation and use. They added that "along this same line of reasoning it is also possible that an emphasis on drug education may heighten curiosity and consequently lead to greater experimentation and use of drugs."

Mason (1972) reported on his research that studied the effects of a factual drug education program on the attitudes of high school and junior high students toward the use of psychoactive drugs. The results indicated that the students learned about the given drugs to

a highly significant degree, their curiosity about the effects of "mind-expanding" drugs was increased, and they exhibited an increased tendency to deal with psychological discomfort through the use of drugs. At the same time they reacted more favorably toward the legalization of marijuana and a reduction of penalities for drug use, and less favorably toward the present emphasis on a legal approach to the use of drugs.

In their own experimental comparison of four approaches to drug abuse prevention among ninth and eleventh grade students, they found that all four groups increased their knowledge about drugs, but none of the approaches had an impact on student attitudes toward drug abuse or degree of drug abuse. (Swisher, Et Alia, 1971).

Certainly, the evidence is not conclusive, but it casts doubt on programs based solely on information about drugs.

What, then, should we do?

Van Petten (1972) suggested that "drug education may be most effective in the degree to which it encourages parents and youth, adult and youth, and community and civic leaders and youth to enter into honest interested exchanges of self and social perceptions." We have been successful in the cognitive domain, with little if any advantage. We need to shift the focus away from drugs and facts about drugs, and concentrate on having an effect on attitudes, values and behaviors. Typically, the schools do not deal more than superficially with the critical concerns of adolescents: acceptance, belonging, loving, being loved, joy, pain, fear, self-doubt, anxiety, loneliness. These are issues that are manifest in adolescence and affect the decision to use drugs.

Some Suggestions

I'll end with a few suggestions, recognizing that I've been more destructive than constructive. None of these are new, but I think they are important.

1. Drug programs must have clearly defined purposes when they are designed, and they should be on-going not crisis-oriented.

2. Systematic and well-designed evaluation is critical for every drug program.

3. The emphasis of drug programs should be on affective learning, not cognitive learning. The focus should be on people not drugs, and on "why" not "what" or "how." (See D'Elia and Bedworth, 1971).

4. Students should be involved in the planning and implementation of every drug program that concerns students.

5. Group-process communication training should be provided to teachers so that they can learn to listen and better facilitate discussions with students. (See Dearden and Jekel, 1971).

6. Participants in any drug program should be actively involved, not passively listening to a speaker or watching a film.

7. The school should not try to combat drug problems alone, but in consort with other agencies and people in the community.

8. Existing printed materials and films should be greatly deemphasized or eliminated, and that which is used should be carefully evaluated paying particular attention to evaluations made by independent agencies. (See Baker, 1973; De Lone, 1972; and Drug Abuse Films, 1972).

9. Provide an environment that encourages free, honest and serious discussion of student problems.

10. Look into peer counseling and value clarification techniques for possible application in your school.

I haven't given you a panacea for drug abuse--it's obvious that I don't have one. But, I hope that this paper will help a few of you avoid some of the mistakes in drug education that I have made.

REFERENCES

Baker, R. Drug Education: Is it Doing Any Good? The Education Digest. January 1973, 38, pp. 38-40.

Chow, S., Ertle, V. and Keyes, D. Drug Education (PREP Report No. 36). US Department of HEW, Publication No. (OE) 72-9, 1972. (ERIC ED 067 515).

Dearden, M. and Jekel, J. A Pilot Program in High School Drug Education Utilizing Non-directive Techniques and Sensitivity Training. Journal of School Health. March 1971, 41 3, pp. 118-124.

D'Elia, J. and Bedworth, A. Drug Education: A Position Paper. Journal of Drug Education. June 1971, 1:2, pp. 123-136.

De Lone, R. The Ups and Downs of Drug-Abuse Education. Saturday Review of Education. November 11, 1972, pp. 27-32.

Drug Abuse Films (3rd Ed.) Washington, D.C.: National Coordinating Council on Drug Education, 1972.

Hoffman, A. Real Research in Drug Education: The Irrelevant Variable. April 1971, ERIC ED 058 571.

Mason, M. Drug Education Effects: Final Report. 1972, ERIC ED 071 011.

Swisher, J. Real Research in Drug Education. April 1971, ERIC ED 058 571.

Swisher, J., Crawford, J., Goldstein, R., and Yura, M. Drug Education: Pushing or Preventing? Peabody Journal of Education, 1971, 55, pp. 68-75.

Swisher, J., Warner, R., and Herr, E. Experimental Comparison of Four Approaches to Drug Abuse Prevention Among Ninth and Eleventh Graders. Journal of Counseling Psychology. July 1972, 19: 4, pp. 328-32.

Van Patten, J. Education in Relation to Drug Use and Abuse. School and Society. March 1972, 100, pp. 180-2.